MULTIPLE DEPENDENT CLAIM FEE CALC*** ATION SHEET

(FOR USE $\chi_{\rm pos}$ H FORM PTO-875)

SERIAL NO. 10/53f 36/

FILING DATE

CLAIMS

	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT	
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TOTAL DEP	25	4	!	(<u> </u>	44
TOTAL	16	100				
CLAIMS	144		<u> </u>	*******	<u> </u>	Carrier A

PTO - 1360 (REV. 11/04)

	AS FILED		AFTER		AFTER 2 "AMENDMENT	
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TOTAL IND.		4		4		
TOTAL DEP.		+		4		43
TOTAL CLAIMS	L		TMENT of C		<u> </u>	

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